2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000965

1. Entity Name
NORTHPORT HEALTH SERVICES OF FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
931 FAIRFAX PARK TUSCALOOSA, AL 35406	931 FAIRFAX PARK TUSCALOOSA, AL 35406

DO NOT WRITE IN THIS SPACE

03132006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
63-1219300	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	M
NAME	ESTES, J. NORMAN
STREET ADDRESS	931 FAIRFAX PARK
CITY-ST-ZIP	TUSCALOOSA, AL 35406
TITLE	M
NAME	ELMORE, DEBBIE
STREET ADDRESS	931 FAIRFAX PARK
CITY-ST-ZIP	TUSCALOOSA, AL 35406
TITLE	M
NAME	LEE, CLAUDE E
STREET ADDRESS	931 FAIRFAX PARK
CITY-ST-ZIP	TUSCALOOSA, AL 35406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Joan W. Dockery, Asst. Controller_ 4/26/06 205-343-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #